

ATTACHMENT 2

Reminder of Medicaid requirements for speech and language pathology services

The following requirements apply to all speech and language pathology services:

- Services must be medically necessary as defined in HFS 101.03(96m), Wis. Admin. Code.
- All speech and language therapy services require a physician's order or prescription as listed in HFS 107.02(2m)(a)(8), Wis. Admin. Code.
- All documentation must be signed or co-signed by a Medicaid-certified speech-language pathologist. Evaluations must be performed by a Medicaid-certified speech-language pathologist. Therapy may be provided by a certified speech-language pathologist or under the direct, immediate, on-premise supervision of a certified speech-language pathologist. "Direct, immediate, on-premise supervision" is defined as face-to-face contact between the supervisor and person being supervised, as necessary, with the supervisor being physically present in the same building when the service is being performed. Refer to the November 2000 *Wisconsin Medicaid and BadgerCare Update* (2000-55), titled "Medicaid requirements for speech-language pathology providers and non-billing performing providers," for more information.
- Services performed by speech-language pathology students are coverable in accordance with HFS 107.01(2) and HFS 107.18(1)(a), Wis. Admin. Code. Refer to *Update 2000-55* for more information.
- All evaluations and re-evaluations are billed upon completion regardless of the number of days needed to complete.
- All co-treatment requires prior authorization. Each provider involved in co-treatment must complete a separate PA request that identifies the other co-treatment provider and document the medical necessity of co-treatment. Requests for co-treatment must include documentation justifying why individual treatment from a therapist does not provide maximum benefit to the recipient and why two different therapists treating simultaneously are required.
- All therapy services must be conducted face-to-face.

Non-covered services

- Examples of services not covered, as listed in HFS 107, Wis. Admin. Code, include, but are not limited to:
 - ✓ Charges for telephone calls.
 - ✓ Charges for missed appointments.
 - ✓ Services provided that are considered experimental in nature.
 - ✓ Consultation between or among providers.
 - ✓ Consultation with caregivers.
 - ✓ Separate charges for the time involved in completing necessary forms, claims, or reports.

Documentation requirements

- Daily documentation must be kept consistent with HFS 106, Wis. Admin. Code. Refer to the August 1999 *Wisconsin Medicaid Update* for further information.
- Documentation of coordination between the fee-for-service provider and caregivers and other provider disciplines is required.